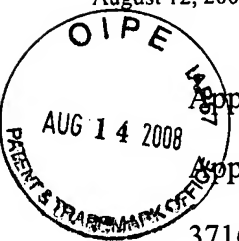


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Oemer Uensal, Joachim Kiefer and Gunter Christ  
Application No.: 10/506,646 Group: 1796  
371(c) Filing Date: December 8, 2004 Examiner: Henry S. Hu  
Confirmation No: 4984

For: Mixture Comprising Phosphonic Acid Containing Vinyl, Polymer Electrolyte  
Membranes Comprising Polyvinylphosphonic Acid and the Use Thereof in  
Fuel Cells

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
8-12-08	Sandra Samma
Date	Signature
Sandra Samma	
Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply to Restriction Requirement for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

08/15/2008 MGE BREH1 00000044 10506646

01 FC:1251

120.00 0P

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	20	MINUS	* 20	0	X \$ 25	\$		X 50	\$ 0
INDEP	4	MINUS	** 4	0	X \$105	\$		X \$210	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$	+	\$370
					TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20  
\*\* not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[ ]	X \$260	\$[ ]	

### Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Restriction Requirement dated June 13, 2008 for one month from July 13, 2008 to August 13, 2008. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

<input type="checkbox"/>	Petition for [     ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	\$ _____

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$ 120
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	<b>\$ 120</b>

8/12/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date 8-12-08	Signature Sandra Sammal
Typed or printed name of person signing certificate Sandra Sammal	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
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INDEP	4	MINUS	** 4	0	X \$105	\$		X \$210	\$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$	+	\$370	\$

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

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			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[ ]	X \$260	\$[ ]	

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- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

**A check is enclosed in payment of the following fees:**

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$	120
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	120

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Alexander Akhiezer

Alexander Akhiezer

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Telephone (978) 341-0036

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Concord, Massachusetts 01742-9133

Dated: 8/12/03